

FIG. 2

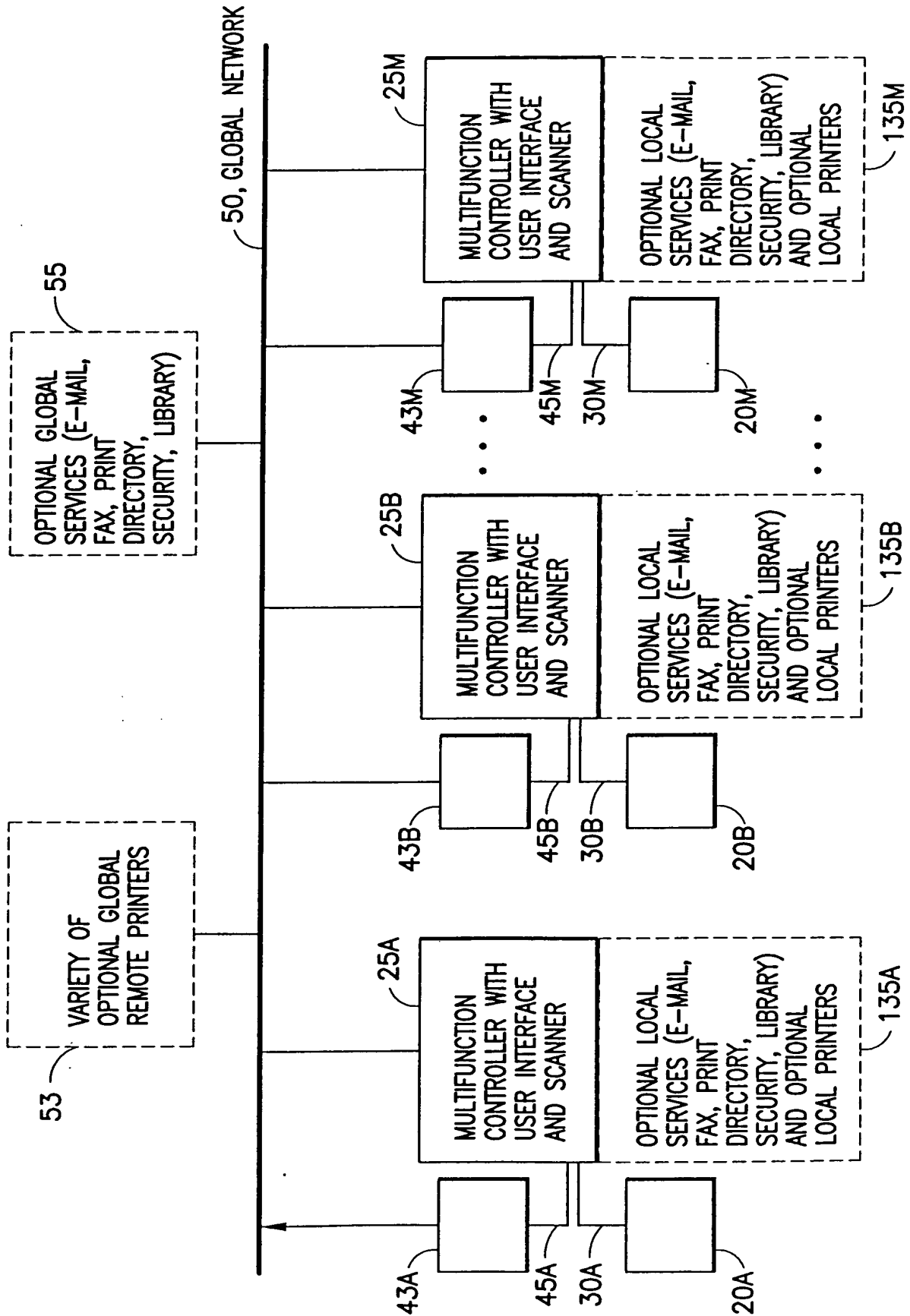


FIG. 3

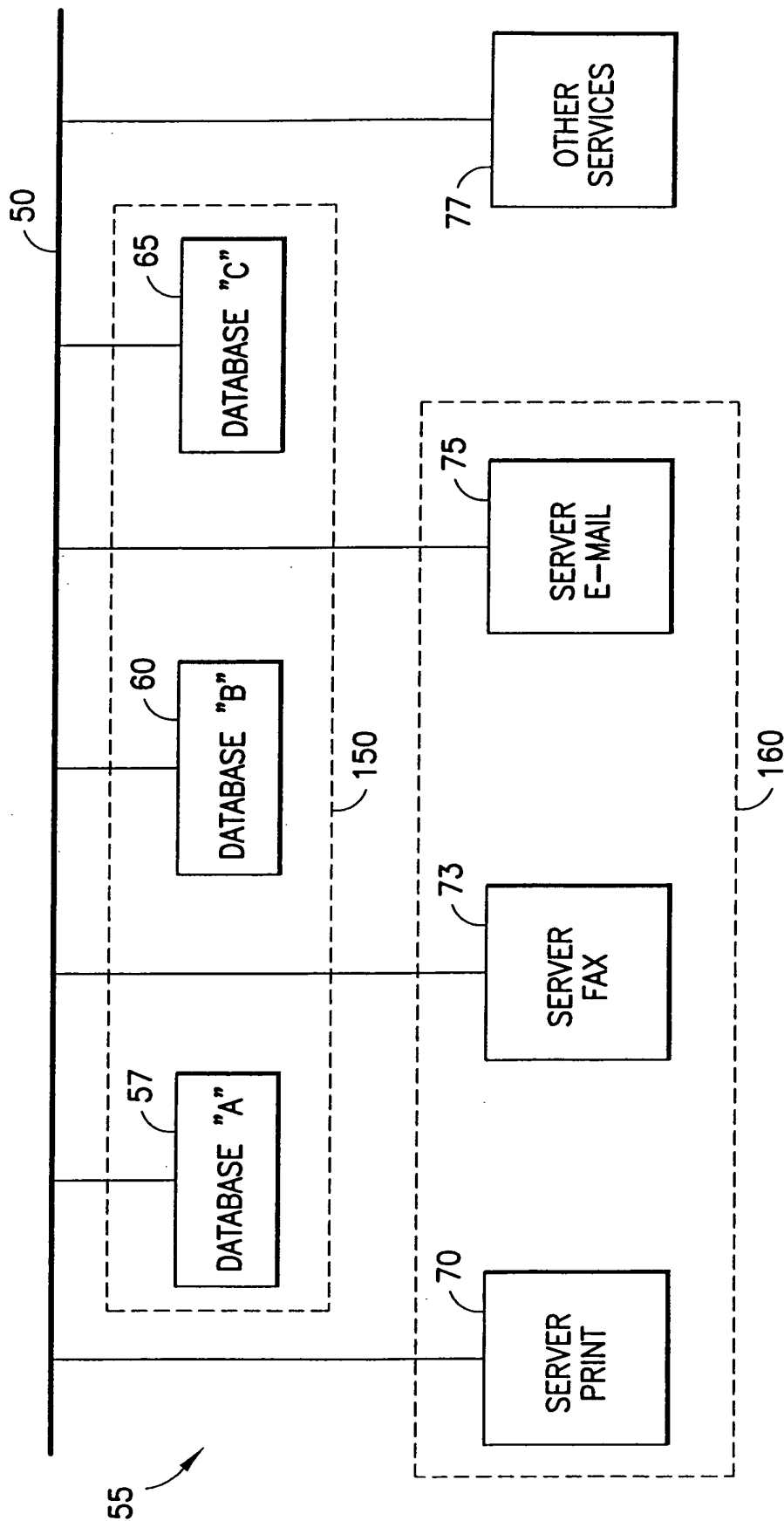


FIG. 4

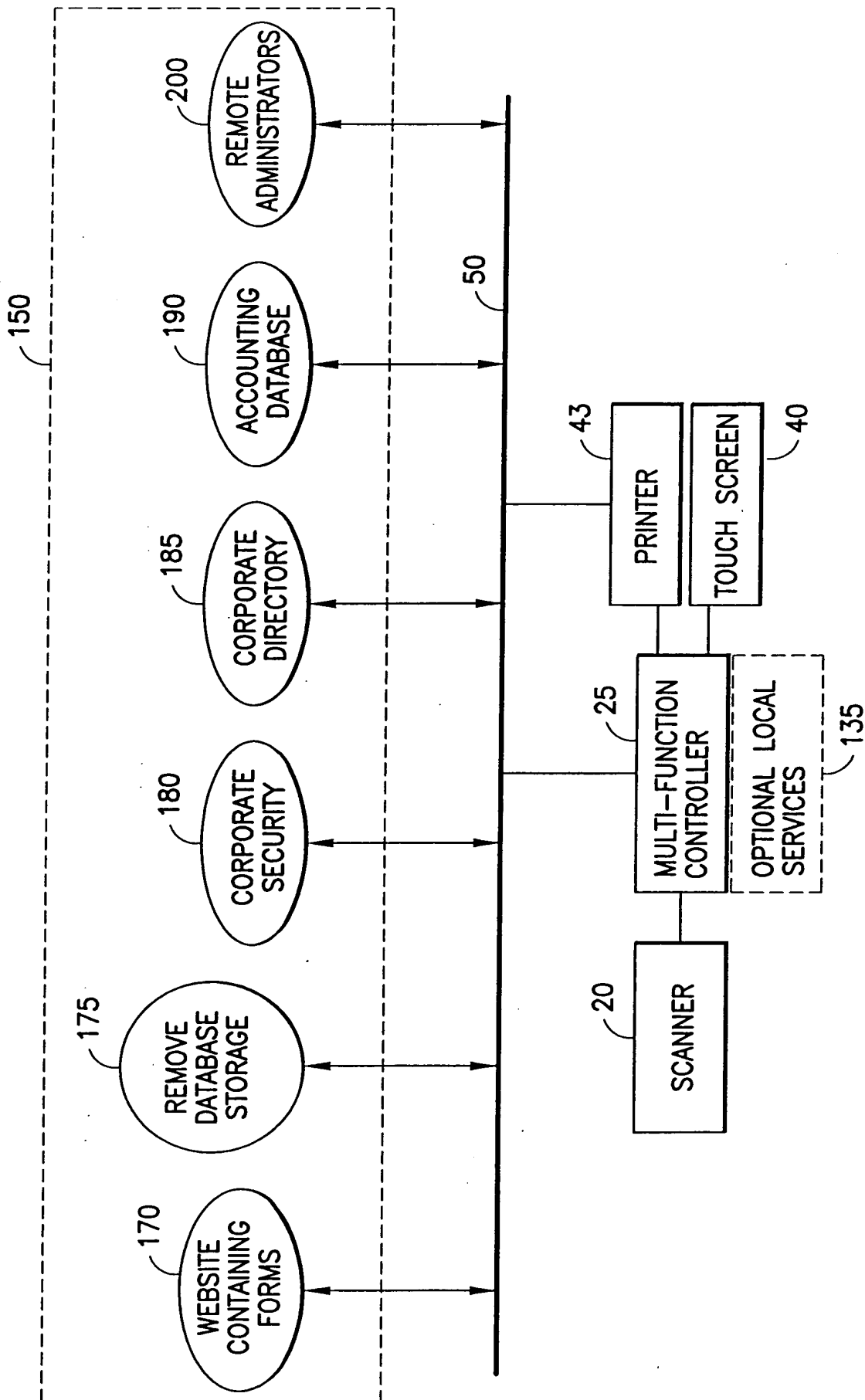


FIG. 5

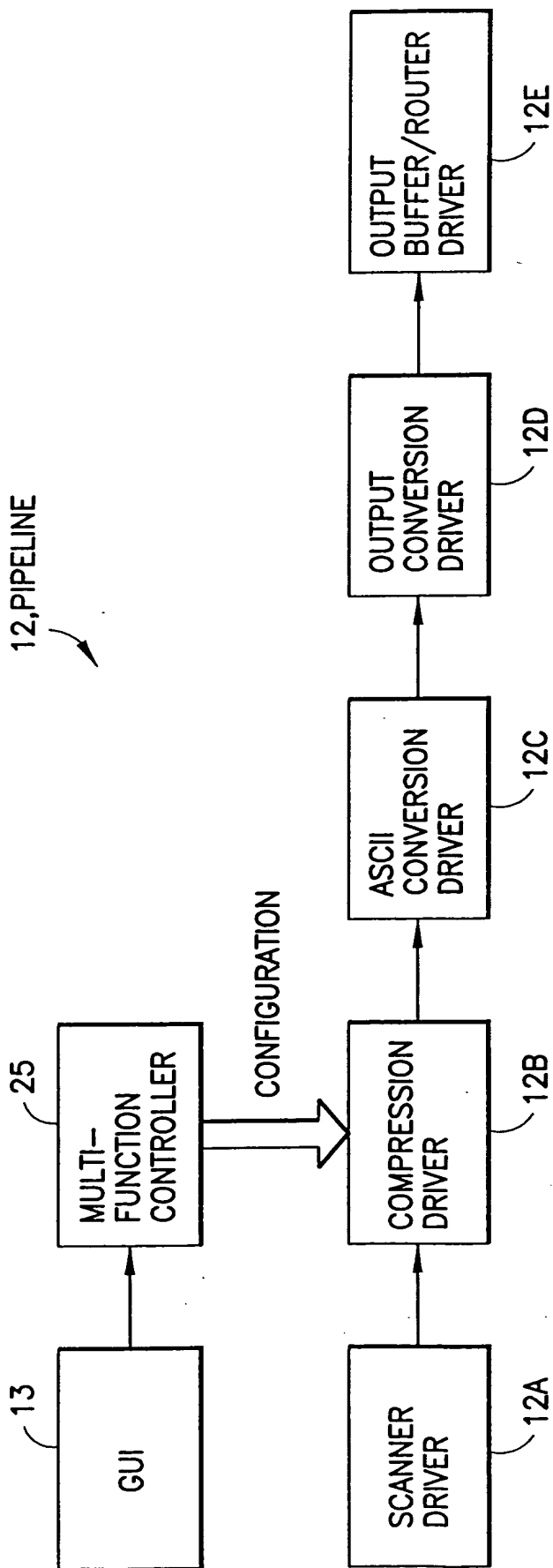


FIG.6

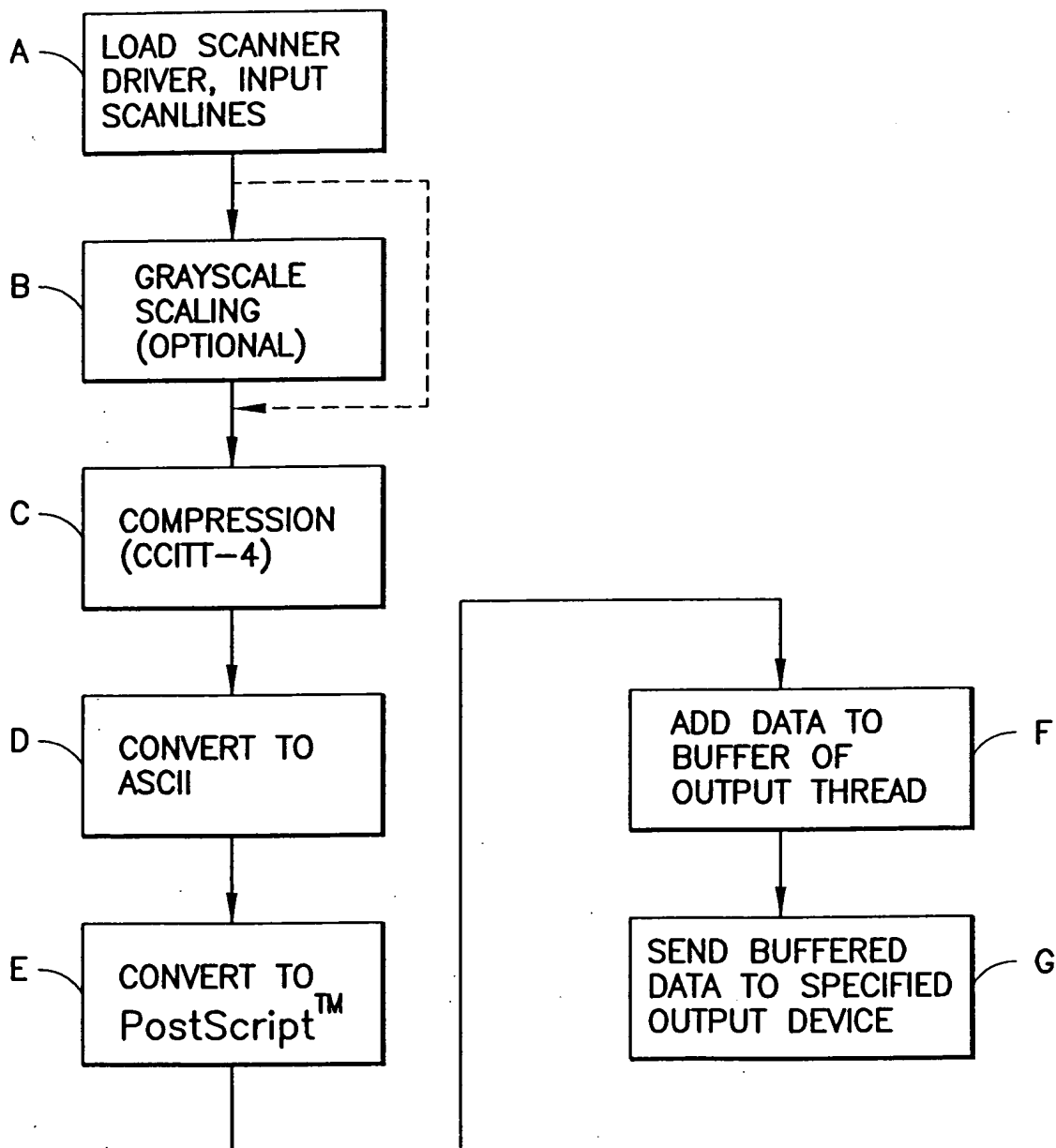


FIG.7

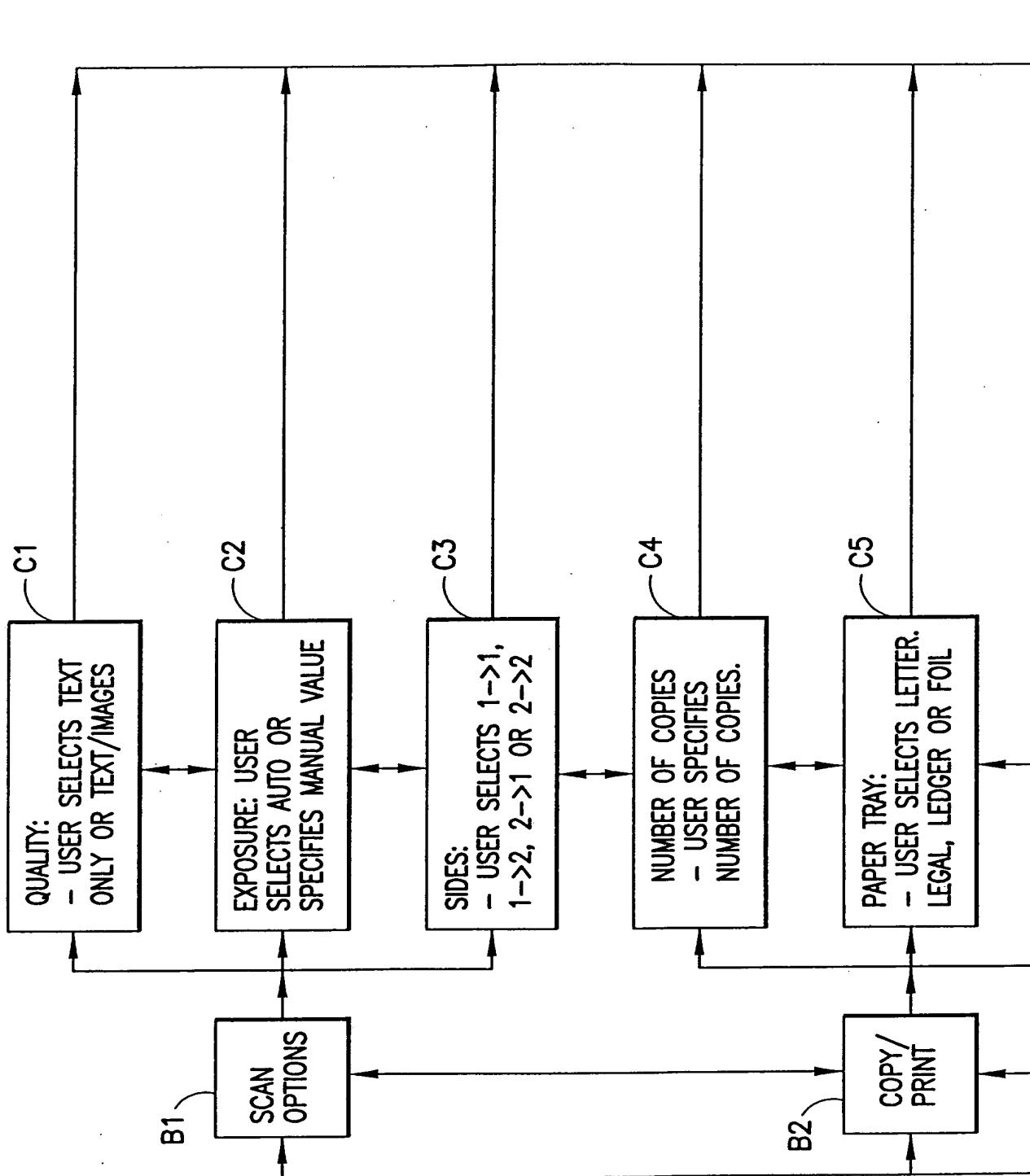
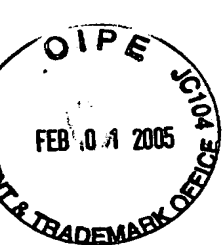


FIG. 8A

FIG. 8A
FIG. 8B

FIG. 8

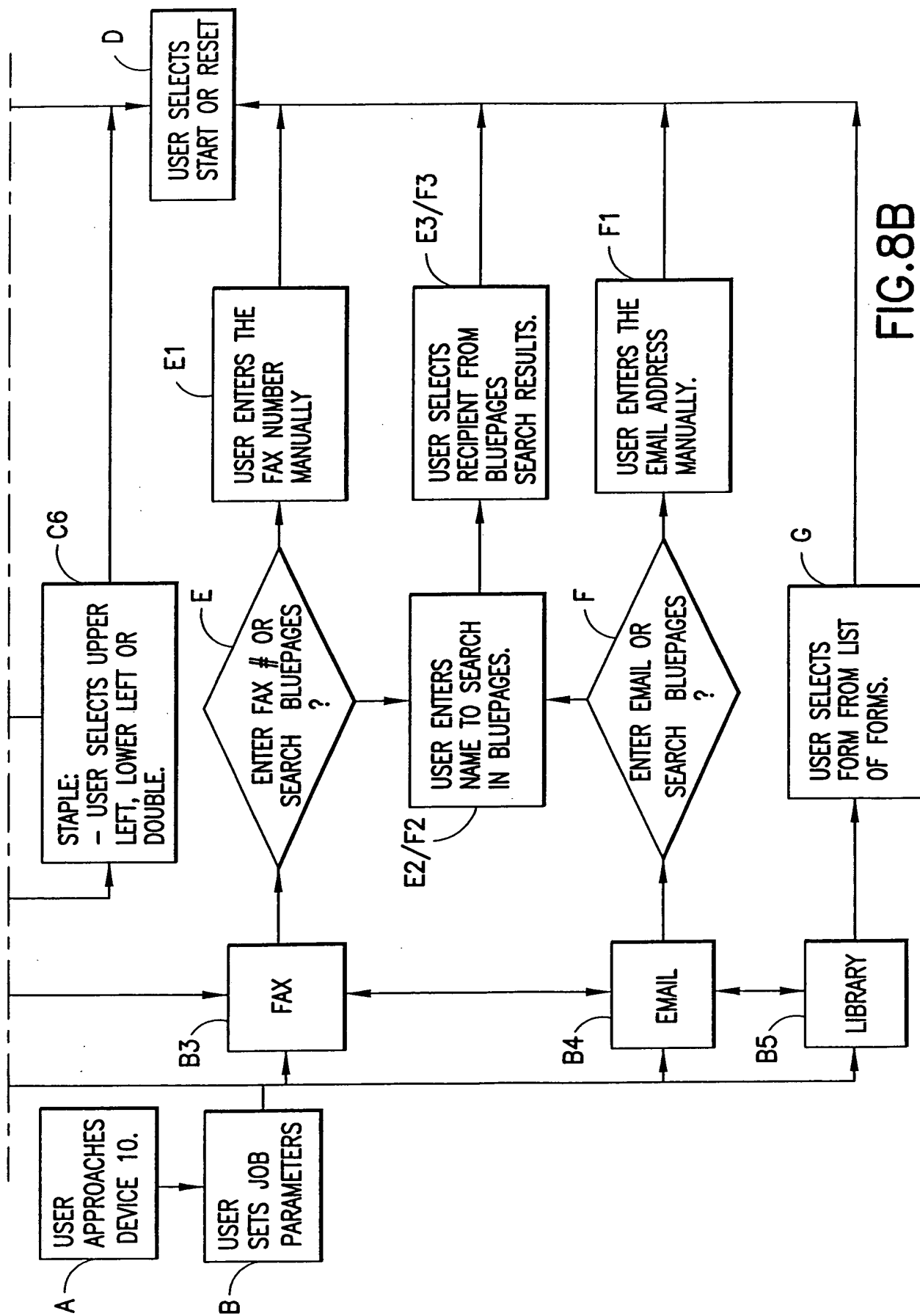
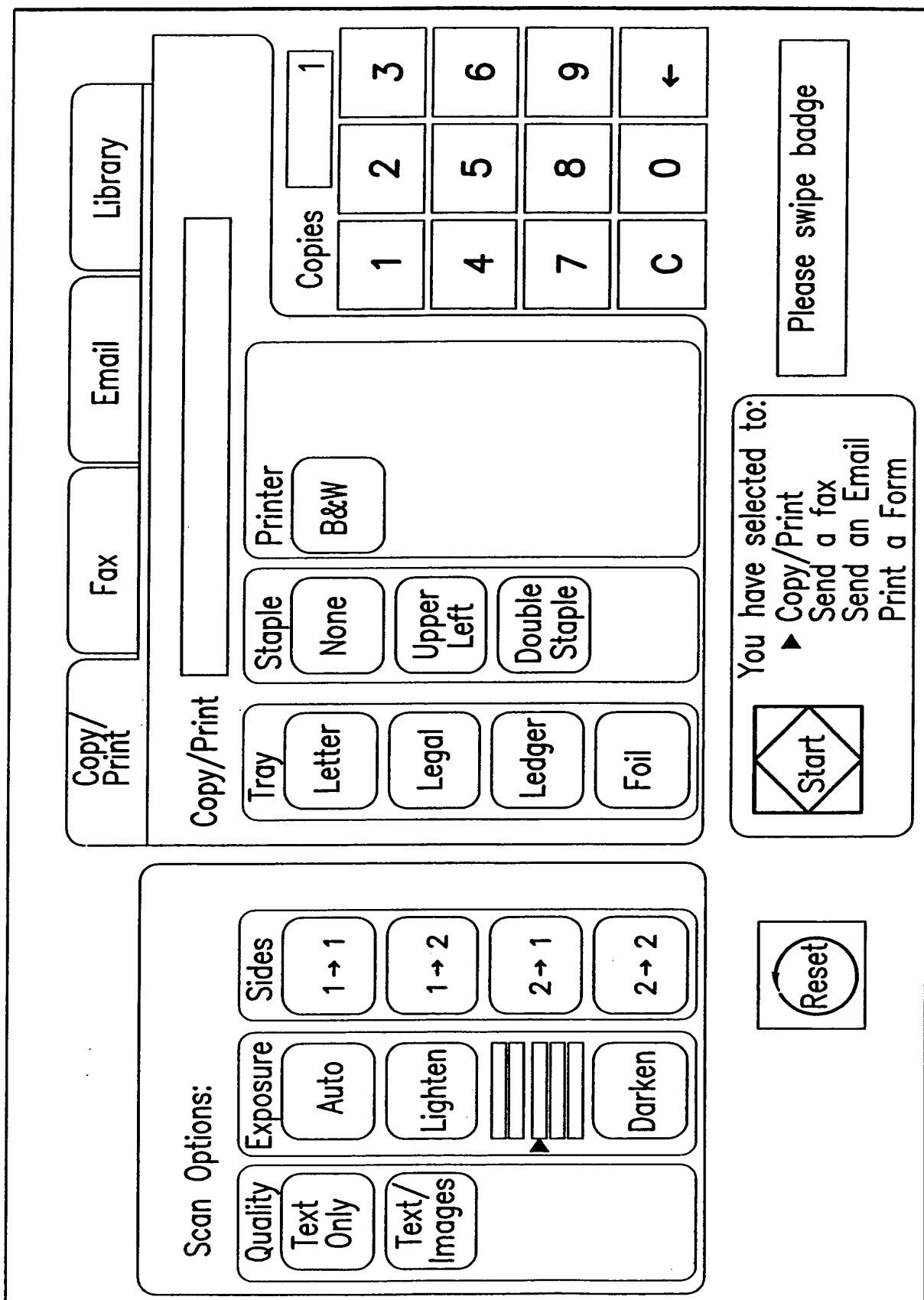


FIG. 8B





Copy/
Print

Fax

Email

Library

Fax Number

BluePages

Cover Sheet

Confirmation

Notification

1

2

3

4

5

6

7

8

9

C

0

←

Scan Options:

Quality

Text Only

Text/Images

Exposure

Auto

Lighten

Darken

Sides

1 → 1

1 → 2

2 → 1

2 → 2

Start

You have selected to:
Copy/Print
▶ Send a fax
Send an Email
Print a Form

Reset

Please swipe badge

FIG.9B



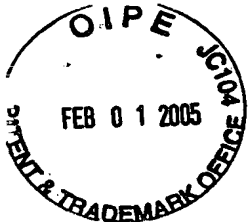
12/15
CZYSZCZEWSKI et al.
BLD9-2000-0040US1 LF

09/557,118

Search Results: Select recipient from list 6 People Found

Name	Email Address	Fax Number
		<input type="text" value="Fax"/>
		<input type="text" value="Fax"/>
		<input type="text" value="Fax"/>
		<input type="text" value="Fax"/>
		<input type="text" value="Fax"/>
		<input type="text" value="Fax"/>

FIG.9C



Copy/
Print

Fax

Email

Library

Email Address

Enter email Address

BluePages

Email Note

Format

Converts input into a document optimized for viewing and printing

Converts input into a document that can be imported into a word processor for editing

PDF

Text

Scan Options:

Quality

Text Only

Text/ Images

Exposure

Auto

Lighten

Darken

Sides

1 → 1

1 → 2

2 → 1

2 → 2

(Reset)

You have selected to:

Copy/Print

Send a fax

Send an Email

Print a Form

Start

Please swipe badge

FIG.9D

Enter name to search:

es

3

6

9

↓

~ ,

! 1

@ 2

3

\$ 4

% 5

^ 6

& 7

* 8

(9

) 0

- =

+ =

←

Tab

Q

W

E

R

T

Y

U

I

O

P

| \

{ [

}]

Enter

↵

Caps Lock

A

S

D

F

G

H

J

K

L

;

:

"

'

Shift

Z

X

C

V

B

N

M

<

.

>

? /

↑

Shift

↵

@

Space

↵

↵

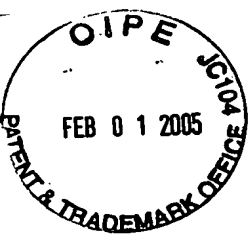
OK

Cancel

Send an Email

Print a Form

FIG.9E



15/15
CZYSZCZEWSKI et al.
BLD9-2000-0040US1 LF

09/557,118

Copy/ Print		Fax	Email	Library
Description				
Adoption Assistance Claim Form				
Applicant Evaluation Form				
Cooperative Education/Internship Student Performance Evaluation				
Dental Plan Claim Form for 2000				
Dental Plan Claim Form for 1999				
Dependent Care Expense Verification				

Scan Options:

Quality	Exposure	Sides
Text Only	Auto	1→1
Text/Images	Lighten	1→2
		2→1
	Darken	2→2

You have selected to:

Start

Copy/Print
Send a fax
Send an Email
Print a Form

Reset

Please swipe badge

FIG.9F